

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
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(916) 322-4336 FAX (916) 322-1441



October 14, 2021

Mr. Andrew Parr, EMS Administrator
San Diego County Emergency Medical Services Agency
5510 Overland Avenue, Suite 250
San Diego, CA 92193

Dear Mr. Parr:

This letter is in response to San Diego County's 2018 emergency medical services (EMS) plan submission to the EMS Authority on June 28, 2019.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before October 14, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DD'.

Dave Duncan, MD
Director

Enclosure

dd:lg

[illegible]

Poway		X	Non-Competitive	X				X		X					
Ramona Municipal Water District		X	Non-Competitive	X				X							
Rincon Indian Reservation			Exempt												
Sycuan Indian Reservation			Exempt												
Valley Center FPD		X	Competitive	X				X		X					
Viejas Indian Reservation			Exempt												
Vista		X	Non-Competitive	X				X		X					



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES
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SAN DIEGO, CA 92120-3599
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NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL OFFICER

June 24, 2019

Dr. Howard Backer, MD, MPH, FACEP
Director, Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES (EMS) PLAN UPDATE

Dear Dr. Backer:

In accordance with California Health and Safety Code §1797.254 and §1797.258, San Diego County's Local EMS Agency (LEMSA), the County of San Diego Health and Human Services Agency, submits the FY 2017-2018 EMS Plan Update for the EMS Authority's review.

San Diego's EMS system remains robust and effective, while continuously aiming for improvement of services in the form of quality, timely, and evidence-based emergency medical care to our community.

Thank you for the hard work and multiple efforts your agency makes on a regular basis to assist our staff in advancing our goals. Should you or anyone in your agency have any questions regarding the attached plan update, please contact me at (619) 285-6524 or email andrew.parr@sdcounty.ca.gov.

Sincerely,

Andy Parr, EMS Administrator
County of San Diego Emergency Medical Services

AP:gl
Attachments

cc: Tom McGinnis, Chief, EMSA EMS Systems Division

County of San Diego
Emergency Medical Services (EMS)
Fiscal Year 2017-2018 EMS Plan Update Executive Summary

Overview

Serving one of the largest and most geographically diverse counties in California, San Diego County's Local EMS Agency (LEMSA), the County of San Diego Health and Human Services Agency, supports the provision of quality, timely, and evidence-based emergency medical services to San Diego County's 3.3 million residents, as well as visitors to our region. Emergency Medical Services (EMS) are provided in our ground ambulance service areas, via agencies that include cities, fire districts, federal agencies, tribal organizations, a water district, and two County Service Areas (CSAs). Additional response by private providers, including two air ambulance service operators, presents our mature and complex EMS system with both challenges and enormous potential. Our goal during this period was to improve and maximize the performance of our local EMS system through leadership, growing technology, and building upon new systems organization.

Technology

During the period of this plan, our LEMSAs most significant quality improvement project was to continue development of our system-wide EMS data collection and records management system, known locally as the County of San Diego Local Emergency Medical Services Information System, or CoSD LEMSIS. Using the ImageTrend platform, our LEMSAs has successfully implemented an entirely electronic (and largely online) process for credentialing of personnel, permitting of ambulances, and collection of patient care data. This robust system promises to expand our quality improvement/quality assurance capabilities and we continue to reach out to providers and encourage them to leverage this system and join us in unifying our data gathering processes. Implementation of CoSD LEMSIS continues in the upcoming fiscal year, including implementing strategies to overcome challenges with producing targeted data reports.

An additional technology improvement has involved the collection of Ambulance Patient Offload Times (APOT) for our Advanced Life Support (ALS) ambulances. Partnering with a response time data monitoring service, our LEMSAs has incorporated a "Transfer of Care" module, independent of CoSD LEMSIS, that tracks when a patient care is turned over to Emergency Department staff. The responsibility for using an application to mark this transfer time is shared between the hospital and the EMS provider, as both parties have a stake in reducing offload times. In addition to the required reporting of this data to EMS Authority, our goal is that analysis of the information will assist the entire system in our effort to reduce "wall times". The data collected and resulting improvements have been encouraging thus far, this trend is expected to continue into the upcoming fiscal year.

Hospital Designation Modifications to Describe Actual Hospital Capabilities

In prior years Scripps Green Hospital has been listed as a receiving hospital, when in fact they do not have receiving capability and/or an Emergency Department (they do have an Urgent Care Center). In addition, Veterans Administration Hospital has an emergency department, but only provides "stand-by" care as compared to their "Basic Emergency" status in the prior plan.

Systems Organization

In order to have our EMS Plan truly reflect the breadth of EMS providers in San Diego County, we have identified several operating areas that were not included in past plans. Within this LEMSAs, three large military bases provide basic and advanced life support transport to members of the military, their families, civilian workers, and visitors. Largely due to the significant mutual aid provided by these military fire

agencies, they have voluntarily chosen to integrate within the existing EMS system. These agencies are great partners in the community and we wish to recognize their efforts by adding them to our list of exempt operating areas, reflected with their own individual Ambulance Zone Summary forms.

Our LEMSA has also begun the process of realignment of EMS service delivery in San Diego County's backcountry areas. Despite changes to population patterns and service needs, this vast area of land, which is more than half the geographic size of the county, has had a relatively unchanged EMS service delivery system for over 25 years. Recommendations that were approved by the San Diego County Board of Supervisors to pursue the "Unified Service Area" model were further refined during this plan period. This model seeks to better position ambulance services in this area to: use a more global approach toward resource availability, including integration with fire services; better leverage resources during peak times, weather events, or surges in visitor populations such as those during holiday periods; and bolster efforts to reduce response times. The competitive process for procurement of ambulance service for this significant portion of the county is expected to begin with the release of RFPs in late spring of 2019.

As a part of this overall review and realignment of operating areas, several sections of the County that are not currently part of an existing operating area are being re-organized. Following a significant effort to gather community feedback, these pockets of the County are being added to existing exclusive operating areas and then folded into the "Unified Service Area" or being designated as a non-exclusive operating area. This project is nearing completion and will be reflected in next year's EMS Plan Update.

TABLE 1

SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X			
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X			
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan		X			
3.02	Radios		X			
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X			
4.02 Monitoring		X			
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X			
4.11 Specialty Vehicles		X			
4.12 Disaster Response		X			
4.13 Intercounty Response		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements		X			
8.11	CCP Designation		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

[illegible]

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: FY 2017-2018

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: San Diego

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100%</u>

2. Type of agency
a) Public Health Department
b) County Health Services Agency
c) Other (non-health) County Department
d) Joint Powers Agency
e) Private Non-Profit Entity
f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
a) Public Health Officer
b) Health Services Agency Director/Administrator
c) Board of Directors
d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____
Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 3,958,873
Contract Services (e.g. ambulance)	398,104
Operations (e.g. copying, postage, facilities)	436,248
Travel	26,036
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	2,882,450
EMS Fund payments to physicians/hospital:	
Physicians Services Account and CMS Administration	4,058,335
Trauma Centers	1,642,366
EMS 800MHz Network Radios	192,593
Other Transfers	2,002,393
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Ambulance Districts	
CSA 17 Expenditures	4,280,134
CSA 17 Reserves	893,374
CSA 69 Expenditures	6,898,731
CSA 69 Reserves	595,265
TOTAL EXPENSES	\$ 28,264,903

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	
CSA 17	5,173,509

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CSA 69	7,493,995
County contracts (e.g. multi-county agencies)	
Certification fees	152,077
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	289,200
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type: _____	
Other critical care center designation fees	
Type: Base Hospital Designation Fees	121,150
Ambulance agency service/vehicle fees	131,615
Contributions	
EMS Fund (SB 12/612)	7,895,688
Other grants: DOJ Criminal	802,919
Other fees: State Aide, Health Realignment, VLF	4,003,920
State Aide, Tobacco Settlement	350,000
State Aide, Other	205,854
Recovered Expenditure	211,924
Other (specify): Revenue Agreements, Rents & Concessions,	
And Other Misc. Revenue	122,724
Revenue/Auditor Adjustment	1,310,327
TOTAL REVENUE	\$ 28,264,903

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

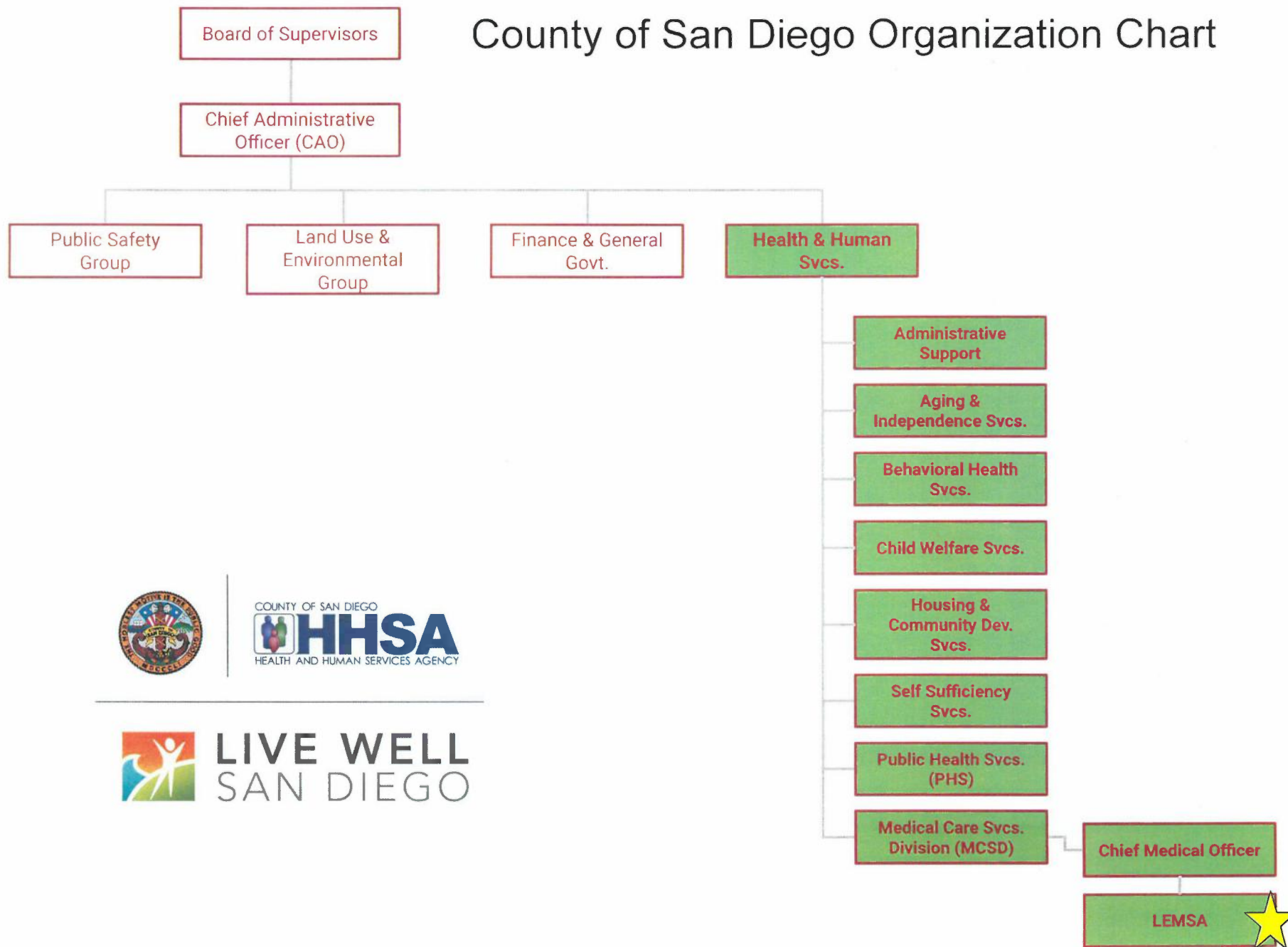
7. Fee structure

☐ We do not charge any fees

☒ Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	40
EMT-I recertification	40
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	40
AEMT recertification	40
EMT-P accreditation	40
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	40
MICN/ARN recertification	40
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	24,230
Trauma center application	_____
Trauma center designation	48,200
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance Service License initial	2,593
Ambulance Service License renewal	1,422
Ambulance vehicle permits	
Other: Basic Life Support Inspection	293
Other: Advanced Life Support Inspection	146
Other: Critical Care Transport	146
Other: Continuing Education Provider Approval	963

County of San Diego Organization Chart



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

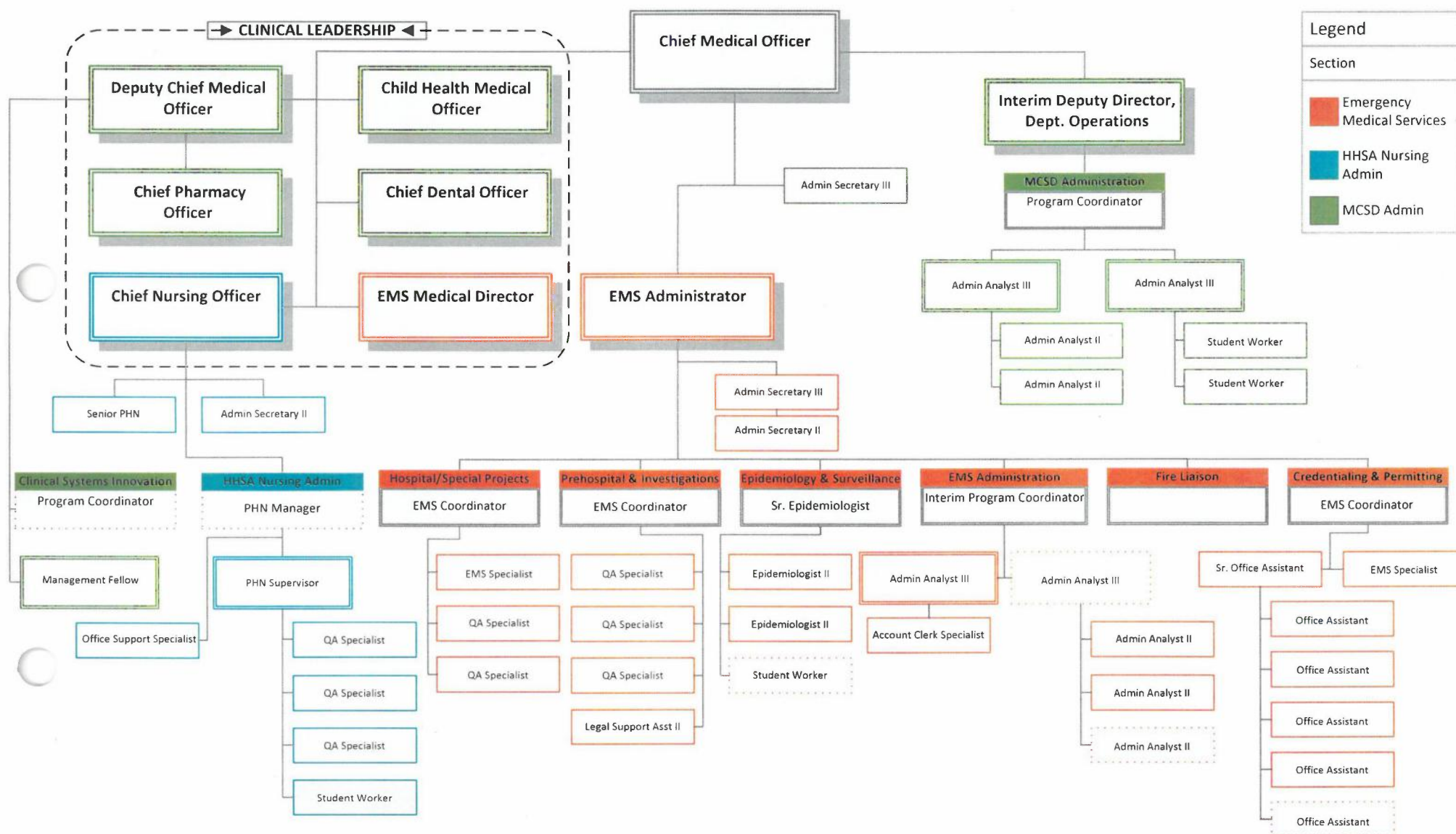


TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1	81.81	70.71%	
Assistant Administrative Administrative Assistant Administrative Manager	Administrative Analyst II Administrative Analyst III Program Coordinator	3 2 1	36.45 40.29 50.22	70.71%	
EMS Coordinator Field Coordinator Training Coordinator	Coordinator, EMS EMS Specialist N/A	2 1	48.99 40.27	70.71%	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist	1	40.27	70.71%	
Trauma Coordinator	Coordinator, EMS	1	48.99		
Medical Director	EMS Medical Director	1	128.57	70.71%	
Data Evaluator/Analyst	Epidemiologist II Senior Epidemiologist	2 1	46.69 51.38	70.71%	
QA/QI Coordinator	Quality Assurance Specialist	4	46.09	70.71%	
Executive Secretary	Administrative Secretary III	1	27.78	70.71%	
Other Clerical	Administrative Secretary II Account Clerk Specialist Legal Support Assistant II Office Assistant Senior Office Assistant	1 1 1 3 1	23.35 22.57 22.07 18.95 21.83	70.71%	
Data Entry Clerk	N/A				
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: STAFFING/TRAINING

Reporting Year: FY2017-2018

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2440	16		174
Number newly certified this year	1005	1		48
Number recertified this year	1432	15		126
Total number of accredited personnel on July 1 of the reporting year	5509	19	2664	379
Number of certification reviews resulting in:				
a) formal investigations	126	0		0
b) probation	107	0	0	0
c) suspensions	0	0	0	0
d) revocations	5	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	38	0	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

5509

b) Number of public safety (defib) certified (non-EMT-I)

0

2. Do you have an EMR training program

☐ yes ☒ no

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: San Diego

Reporting Year: FY 2017-2018

1. Number of primary Public Service Answering Points (PSAP) 18
2. Number of secondary PSAPs 8
3. Number of dispatch centers directly dispatching ambulances 9
4. Number of EMS dispatch agencies utilizing EMD guidelines 9
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
There are multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.
7. Who is your primary dispatch agency for a disaster?
We have multiple dispatch agencies, but use the San Diego County Ambulance Coordinator position for ambulance coordination during a disaster and coordinate with the San Diego County MHOAC program. The Ambulance Coordinator is AMR San Diego.
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
 - a. Radio primary frequency San Diego County – Imperial County Regional Communications System (800 MHz Trunked)
 - b. Other methods 800 MHz Conventional Channels, ARES, iQCS, WebEOC, CAHAN
 - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No
The San Diego County Sheriff's Department and San Diego County Office of Emergency Services (EOC) have access and we would work with them to use the lines.
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☒ Yes ☐ No
 - 1) Within the operational area? EMS and Hospitals utilize Amateur Radio Emergency Service (ARES), County OES utilizes San Diego RACES ☒ Yes ☐ No
 - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: FY 17-18

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 64

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Collected	Not Collected	None	Not Collected
Early defibrillation responder	Not Collected	Not Collected	None	Not Collected
Advanced life support responder	Not Collected	Not Collected	None	Not Collected
Transport Ambulance	11:53	24:07	None	12:37

TABLE 6: FACILITIES/CRITICAL CAREReporting Year: FY 2017-2018**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>11,867</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>8,304</u>
3. Number of major trauma patients transferred to a trauma center	<u>1,783</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>n/a</u>

Emergency Departments

Total number of emergency departments	<u>21</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>1</u>
3. Number of basic emergency services	<u>19</u>
4. Number of comprehensive emergency services	<u>1</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: FY 2017-2018

County: San Diego County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP) *Term is not used, replaced by Field Treatment Sites (FTS)*
 - a. Where are your CCPs located? Not predesignated.
 - b. How are they staffed? 1st Responder Assets, PHN's, MRC, CalMat, DMAT
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No
Local agencies/providers have contracts/agreements with a CISD provider
3. Medical Response Team
 - a. Do you have any team medical response capability? ☒ Yes ☐ No
CA DMAT-4, SDFD USAR TF-8, 2-EMSA DMSU's, 6-local MCI trailers w/prime movers.
 - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☒ Yes ☐ No
CA DMAT-4 & SDFD USAR TF-8 are Federal Teams, 2-EMSA DMSU's are State Assets.
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? FRA & FRO, CSTI HM Tech/HM Specialist
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 19
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:

We are part of the Inter-Region Cooperative Agreement for Emergency Medical & Health Disaster Assistance within Cal-OES / EMSA and CDPH Regional Disaster Medical Health Coordinator (RDMHC) Program Region's I & VI.

- Region I: Orange, Los Angeles, Ventura, Santa Barbara, San Luis Obispo
- Region VI: Imperial, San Diego, Riverside, San Bernardino, Inyo, Mono

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
(Through HPP grant)

7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
Region VI - Regional Disaster Medical Health Coordinator (RDMHC) Program

8. Are you a separate department or agency? ☐ Yes ☒ No

9. If not, to whom do you report?
County of San Diego Health and Human Services Agency (HHSA) -
Public Health Services (PHS); Local Health Officer & Emergency Medical Services (EMS)-
Administrator.

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** ADVANTAGE AMBULANCE **Response Zone:** SAN DIEGO COUNTY

Address: 2400 E. 4TH ST **Number of Ambulance Vehicles in Fleet:** 5

NATIONAL CITY, CA 91950-3941

Phone Number: 866-962-3826 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

5318 Total number of responses
0 Number of emergency responses
5318 Number of non-emergency responses

4901 Total number of transports
0 Number of emergency transports
4901 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Aircare International Ground Transport

Response Zone: SAN DIEGO COUNTY

Address: 2105 Camino Vida Roble, Suite E
CARLSBAD, CA 92011

Number of Ambulance Vehicles in Fleet: 20

Phone Number: (760) 579-0240

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </div>	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

12030 Total number of responses
0 Number of emergency responses
12030 Number of non-emergency responses

11019 Total number of transports
5 Number of emergency transports
11014 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Alpine Fire Protection District **Response Zone:** Alpine Fire Protection District

Address: 1834 ALPINE BOULEVARD **Number of Ambulance Vehicles in Fleet:** 0
ALPINE, CA 91901
Phone Number: (619) 445-2635 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3166</u>	Total number of responses	<u>0</u>	Total number of transports
<u>1616</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>1550</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: American Medical Response – San Diego

Response Zone: Zone1, Chula Vista, National City, Imperial Bch, County Service Area 17

Address: 8808 BALBOA AVENUE, #150
SAN DIEGO, CA 92123

Number of Ambulance Vehicles in Fleet: 148

Phone Number: (858) 492-8111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 81

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

65302 Total number of responses
63736 Number of emergency responses
1566 Number of non-emergency responses

51358 Total number of transports
50162 Number of emergency transports
1196 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Balboa Ambulance Incorporated **Response Zone:** SAN DIEGO COUNTY

Address: 6430 RIVERDALE **Number of Ambulance Vehicles in Fleet:** 23
SAN DIEGO, CA 92120
Phone Number: (619) 295-1942 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 17

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4729</u>	Total number of responses	<u>4866</u>	Total number of transports
<u>21</u>	Number of emergency responses	<u>23</u>	Number of emergency transports
<u>4708</u>	Number of non-emergency responses	<u>4843</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: BARONA FIRE DEPARTMENT

Response Zone: Barona Indian Reservation

Address: 1112 BARONA ROAD
LAKESIDE, CA 92040

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (619) 390-2794

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

851 Total number of responses
851 Number of emergency responses
0 Number of non-emergency responses

493 Total number of transports
40 Number of emergency transports
453 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Bonita-Sunnyside Fire Department

Response Zone: Bonita-Sunnyside Fire Department

Address: 4900 BONITA ROAD
BONITA, CA 91902-1725

Number of Ambulance Vehicles in Fleet: 0

Phone Number: _____

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1303 Total number of responses
1303 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Borrego Springs Fire Department

Response Zone: Borrego Springs Fire Protection District

Address: 2324 STIRRUP ROAD
BORREGO SPRINGS, CA 92004-0898

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (760) 767-5436

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

452 Total number of responses
452 Number of emergency responses
0 Number of non-emergency responses

277 Total number of transports
277 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: FY 2017-2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: CAL FIRE Response Zone: Multiple

Address: 2249 JAMACHA RD Number of Ambulance Vehicles in Fleet: 0
EL CAJON, CA 92019

Phone Number: 619-590-3100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input type="checkbox"/> IFT			

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>13171</u>	Total number of responses	<u>0</u>	Total number of transports
<u>11423</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>1748</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Camp Pendleton Fire Department

Response Zone: Marine Corps Base
Camp Pendleton

Address: BOX 555211
CAMP PENDLETON, CA 92055-5211

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (760) 763-2702

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3902 Total number of responses
3847 Number of emergency responses
55 Number of non-emergency responses

1341 Total number of transports
93 Number of emergency transports
1248 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Campo Reservation Fire Department

Response Zone: Campo Indian Reservation

Address: 36210 CHURCH ROAD
CAMPO, CA 91906

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (619) 478-2371

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

222 Total number of responses
222 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Care Medical Transportation **Response Zone:** SAN DIEGO COUNTY

Address: 9770 CANDIDA STREET **Number of Ambulance Vehicles in Fleet:** 33
SAN DIEGO, CA 92126

Phone Number: (858) 653-4520 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 13

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

25017 Total number of responses
24 Number of emergency responses
24993 Number of non-emergency responses

24501 Total number of transports
13 Number of emergency transports
24488 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: Carlsbad Fire Department Response Zone: CITY OF CARLSBAD

Address: 2560 ORION WAY Number of Ambulance Vehicles in Fleet: 3
CARLSBAD, CA 92008

Phone Number: (760) 931-2141 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>6943</u> Total number of responses	<u>4478</u> Total number of transports
<u>6901</u> Number of emergency responses	<u>445</u> Number of emergency transports
<u>42</u> Number of non-emergency responses	<u>4033</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Chula Vista Fire Department **Response Zone:** CITY OF CHULA VISTA

Address: 447 F STREET **Number of Ambulance Vehicles in Fleet:** 0
CHULA VISTA, CA 91910

Phone Number: (619) 691-5055 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>21397</u>	Total number of responses	<u>0</u>	Total number of transports
<u>15172</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>6225</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Coronado Fire Department **Response Zone:** CITY OF CORONADO

Address: 1001 6TH STREET **Number of Ambulance Vehicles in Fleet:** 3
CORONADO, CA 92118

Phone Number: (619) 522-7374 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1559</u> Total number of responses	<u>997</u> Total number of transports
<u>1559</u> Number of emergency responses	<u>412</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>585</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: Del Mar Fire Department Response Zone: County Service Area 17

Address: 2200 JIMMY DURANTE BLVD Number of Ambulance Vehicles in Fleet: 0
DEL MAR, CA 92014-2216
 Phone Number: (858) 755-1522 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1418</u>	Total number of responses	<u>0</u>	Total number of transports
<u>1120</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>298</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** El Cajon Fire Department **Response Zone:** CITY OF EL CAJON

Address: 100 EAST LEXINGTON **Number of Ambulance Vehicles in Fleet:** 0
EL CAJON, CA 92020-4517

Phone Number: (619) 441-1608 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>11743</u>	Total number of responses	<u>0</u>	Total number of transports
<u>11743</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** ENCINITAS FIRE DEPARTMENT **Response Zone:** County Service Area 17

Address: 505 SOUTH VULCAN AVENUE **Number of Ambulance Vehicles in Fleet:** 0

ENCINITAS, CA 92024-3633

Phone Number: (760) 633-2800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>6747</u>	Total number of responses	<u>0</u>	Total number of transports
<u>5396</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>1351</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** ESCONDIDO FIRE DEPARTMENT **Response Zone:** CITY OF ESCONDIDO

Address: 201 NORTH BROADWAY **Number of Ambulance Vehicles in Fleet:** 5
ESCONDIDO, CA 92025-2762
Phone Number: (760) 839-5400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>13393</u> Total number of responses	<u>10225</u> Total number of transports
<u>13386</u> Number of emergency responses	<u>721</u> Number of emergency transports
<u>7</u> Number of non-emergency responses	<u>9504</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: Express Transport Ambulance Response Zone: SAN DIEGO COUNTY

Address: 4400 PALM AVENUE, SUITE C Number of Ambulance Vehicles in Fleet: 17
LA MESA, CA 91941

Phone Number: (619) 589-0022 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

5400 Total number of responses
0 Number of emergency responses
5400 Number of non-emergency responses

5365 Total number of transports
65 Number of emergency transports
5300 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: FEDERAL FIRE DEPARTMENT

Response Zone: San Diego Marine Corps Recruiting Depot and Naval Base San Diego

Address: P.O. BOX 81226

SAN DIEGO, CA 92138-1226

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (619) 556-7001

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1352 Total number of responses
1352 Number of emergency responses
0 Number of non-emergency responses

1352 Total number of transports
248 Number of emergency transports
1104 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Imperial Beach Fire Department **Response Zone:** City of Imperial Beach

Address: 865 IMPERIAL BEACH BLVD **Number of Ambulance Vehicles in Fleet:** 0
IMPERIAL BEACH, CA 91932-2795

Phone Number: (619) 423-8223 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1851</u>	Total number of responses	<u>0</u>	Total number of transports
<u>1485</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>366</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: JULIAN FIRE DEPARTMENT

Response Zone: Julian Cuyamaca Fire Protection District

Address: 2645 FARMER ROAD
JULIAN, CA 92036-0033

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (760) 765-1510

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

666 Total number of responses
666 Number of emergency responses
0 Number of non-emergency responses

338 Total number of transports
92 Number of emergency transports
246 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** LAKESIDE FIRE DEPARTMENT **Response Zone:** County Service Area 69

Address: 12365 PARKSIDE STREET **Number of Ambulance Vehicles in Fleet:** 2
LAKESIDE, CA 92040

Phone Number: (619) 390-2350 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6601 Total number of responses
6601 Number of emergency responses
0 Number of non-emergency responses

4820 Total number of transports
4820 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** LA MESA FIRE DEPARTMENT **Response Zone:** CITY OF LA MESA

Address: 8054 ALLISON AVENUE **Number of Ambulance Vehicles in Fleet:** 0
LA MESA, CA 91941-5001
Phone Number: (619) 667-1355 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>6020</u> Total number of responses	<u>0</u> Total number of transports
<u>6020</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: FY 2017-2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** SAN DIEGO COUNTY **Provider:** Lemon Grove Fire Department **Response Zone:** City of Lemon Grove**Address:** 7853 CENTRAL AVENUE
LEMON GROVE, CA 91945**Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** (619) 825-3835**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies
3356 Total number of responses
3356 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports
Air Ambulance Services
 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: MAXCARE AMBULANCE Response Zone: SAN DIEGO COUNTY

Address: 7614 LEMON AVENUE Number of Ambulance Vehicles in Fleet: 18
LEMON GROVE, CA 91945
 Phone Number: (619) 303-6705 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1598</u>	Total number of responses	<u>1483</u>	Total number of transports
<u>2</u>	Number of emergency responses	<u>9</u>	Number of emergency transports
<u>1596</u>	Number of non-emergency responses	<u>1474</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** MERCY AIR AMBULANCE **Response Zone:** SAN DIEGO COUNTY

Address: 9745 PROSPECT AVE, SUITE 204 **Number of Ambulance Vehicles in Fleet:** 5
SANTEE, CA 92071

Phone Number: (619) 448-3457 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

666 Total number of responses
666 Number of emergency responses
0 Number of non-emergency responses

500 Total number of transports
500 Number of emergency transports
0 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Mercy Medical Transport, INC.

Response Zone: Valley Center FPD and Zone 2

Address: 2537 OLD SAN PASCUAL ROAD
ESCONDIDO, CA 92027

Number of Ambulance Vehicles in Fleet: 22

Phone Number: (760) 739-8026

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

14032 Total number of responses
13530 Number of emergency responses
502 Number of non-emergency responses

8370 Total number of transports
7934 Number of emergency transports
436 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** MIRAMAR FIRE DEPARTMENT **Response Zone:** Marine Corps Air Station Miramar

Address: P.O. BOX 452006 **Number of Ambulance Vehicles in Fleet:** 3
SAN DIEGO, CA 92145

Phone Number: (858) 577-6136 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>395</u> Total number of responses	<u>275</u> Total number of transports
<u>395</u> Number of emergency responses	<u>79</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>196</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** National City Fire Department **Response Zone:** City of National City

Address: 333 EAST 16TH STREET **Number of Ambulance Vehicles in Fleet:** 0
NATIONAL CITY, CA 91950-4596

Phone Number: (619) 336-4551 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>8815</u>	Total number of responses	<u>0</u>	Total number of transports
<u>8815</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: FY 2017-2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** SAN DIEGO COUNTY**Provider:** North County Fire Department**Response Zone:** North County Fire Protection District**Address:** 320 SOUTH MAIN AVE
FALLBROOK, CA 92028-2198**Number of Ambulance Vehicles in Fleet:** 6**Phone Number:** _____**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4730 Total number of responses
3190 Number of emergency responses
1540 Number of non-emergency responses

3258 Total number of transports
2230 Number of emergency transports
1028 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: OCEANSIDE FIRE DEPARTMENT Response Zone: CITY OF OCEANSIDE

Address: 300 NORTH COAST HIGHWAY Number of Ambulance Vehicles in Fleet: 5

OCEANSIDE, CA 92054

Phone Number: (760) 435-4100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

12519 Total number of responses
12511 Number of emergency responses
8 Number of non-emergency responses

7333 Total number of transports
1002 Number of emergency transports
6331 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** PALA FIRE DEPARTMENT **Response Zone:** Pala Indian Reservation

Address: 11800 PALA MISSION ROAD **Number of Ambulance Vehicles in Fleet:** 1
PALA, CA 92059-0043

Phone Number: (760) 742-1632 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1137 Total number of responses
1137 Number of emergency responses
0 Number of non-emergency responses

623 Total number of transports
623 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** POWAY FIRE DEPARTMENT **Response Zone:** CITY OF POWAY

Address: 13050 COMMUNITY ROAD **Number of Ambulance Vehicles in Fleet:** 4
POWAY, CA 92064-5702

Phone Number: (858) 668-4461/4466 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2804</u>	Total number of responses	<u>1737</u>	Total number of transports
<u>2804</u>	Number of emergency responses	<u>1737</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers
FY 2017-2018

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** RAMONA FIRE DEPARTMENT **Response Zone:** Ramona District Municipal Water

Address: 105 WEST EARLHAM STREET **Number of Ambulance Vehicles in Fleet:** 3
RAMONA, CA 92065-1558

Phone Number: (760) 789-1330 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3183</u> Total number of responses	<u>1941</u> Total number of transports
<u>3183</u> Number of emergency responses	<u>1941</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Rancho Santa Fe Fire Department **Response Zone:** County Service Area 17

Address: 16936 EL FUEGO
RANCHO SANTA FE, CA 92067-0410

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (858) 756-5971

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3599</u> Total number of responses	<u>0</u> Total number of transports
<u>2339</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>1260</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: REACH AIR Response Zone: SAN DIEGO COUNTY

Address: 1111 AIRPORT ROAD Number of Ambulance Vehicles in Fleet: 4
IMPERIAL, CA 92251

Phone Number: (760) 550-4369 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

631 Total number of responses
631 Number of emergency responses
0 Number of non-emergency responses

447 Total number of transports
447 Number of emergency transports
0 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: RURAL METRO AMBULANCE Response Zone: CITY OF SAN DIEGO

Address: 10405 SAN DIEGO MISSION RD. STE 200 Number of Ambulance Vehicles in Fleet: 76

SAN DIEGO, CA 92108

Phone Number: (858) 518-2398 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 41

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>128240</u> Total number of responses	<u>86496</u> Total number of transports
<u>115944</u> Number of emergency responses	<u>78177</u> Number of emergency transports
<u>12296</u> Number of non-emergency responses	<u>8319</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** SAN DIEGO FIRE AND RESCUE **Response Zone:** CITY OF SAN DIEGO

Address: 1010 SECOND AVE, SUITE 400 **Number of Ambulance Vehicles in Fleet:** 0
SAN DIEGO, CA 92101-4101

Phone Number: (619) 533-4308 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>146224</u>	Total number of responses	<u>0</u>	Total number of transports
<u>132922</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>13302</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** San Marcos Fire Department **Response Zone:** City of San Marcos

Address: 1 CIVIC CENTER DRIVE **Number of Ambulance Vehicles in Fleet:** 9
SAN MARCOS, CA 92069-2949

Phone Number: (760) 744-1050 x3403 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input type="checkbox"/> IFT			

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>9919</u> Total number of responses	<u>6048</u> Total number of transports
<u>9919</u> Number of emergency responses	<u>6048</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: San Miguel Fire Department

Response Zone: San Miguel Consolidated Fire Protection District

Address: 2850 VIA ORANGE WAY

SPRING VALLEY, CA 91978-1746

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (619) 670-0500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>10419</u>	Total number of responses	<u>0</u>	Total number of transports
<u>10419</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** SANTEE FIRE DEPARTMENT **Response Zone:** County Service Area 69

Address: 10601 MAGNOLIA AVE
SANTEE, CA 92071-6514

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (619) 258-4100 x207

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7283 Total number of responses
7283 Number of emergency responses
0 Number of non-emergency responses

4782 Total number of transports
4782 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: Schaefer Ambulance Service Response Zone: SAN DIEGO COUNTY

Address: 7257 UNIVERSITY AVE Number of Ambulance Vehicles in Fleet: 5

LA MESA, CA 91941

Phone Number: (619) 583-0454 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1002 Total number of responses
0 Number of emergency responses
1002 Number of non-emergency responses

980 Total number of transports
0 Number of emergency transports
980 Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Solana Beach Fire Department **Response Zone:** County Service Area 17

Address: 500 LOMAS SANTA FE DRIVE
SOLANA BEACH, CA 92075

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (858) 720-2410

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT			
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1766 Total number of responses
1346 Number of emergency responses
420 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Sycuan Fire Department **Response Zone:** Sycuan Indian Reservation

Address: 5449 DEHESA ROAD **Number of Ambulance Vehicles in Fleet:** 2
EL CAJON, CA 92019

Phone Number: (619) 445-2893 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>402</u>	Total number of responses	<u>275</u>	Total number of transports
<u>402</u>	Number of emergency responses	<u>9</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>266</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: SYMONS AMBULANCE Response Zone: County of San Diego

Address: 18592 CAJON BLVD Number of Ambulance Vehicles in Fleet: 4
SAN BERNANDINO, CA 92407

Phone Number: (909) 880-2979 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>55</u>	Total number of responses	<u>37</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>55</u>	Number of non-emergency responses	<u>37</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: UNITED AMBULANCE Response Zone: SAN DIEGO COUNTY

Address: 7579 CONVOY COURT
SAN DIEGO, CA 92111

Number of Ambulance Vehicles in Fleet: 7

Phone Number: (858) 277-0300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

841 Total number of responses
0 Number of emergency responses
841 Number of non-emergency responses

714 Total number of transports
0 Number of emergency transports
714 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY

Provider: Valley Center Fire Department

Response Zone: Valley Center Fire Protection District

Address: 28234 LILAC ROAD
VALLEY CENTER, CA 92082-5718

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (760) 751-7600

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1407</u>	Total number of responses	<u>0</u>	Total number of transports
<u>1407</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: FY 2017-2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Viejas Reservation Fire Department **Response Zone:** SAN DIEGO COUNTY

Address: 1 VIEJAS GRADE ROAD
ALPINE, CA 91901

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (619) 659-2376

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

465 Total number of responses
465 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8: Resource DirectoryReporting Year: FY 2017-2018**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.**County:** SAN DIEGO COUNTY **Provider:** Vista Fire Department **Response Zone:** CITY OF VISTA**Address:** 175 NORTH MELROSE DRIVE
VISTA, CA 92083-5718 **Number of Ambulance Vehicles in Fleet:** 4**Phone Number:** (760) 726-2144 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>10318</u>	Total number of responses
<u>10318</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

<u>6962</u>	Total number of transports
<u>6962</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses
<u> </u>	Number of emergency responses
<u> </u>	Number of non-emergency responses

<u> </u>	Total number of transports
<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency transports

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Barona Indian Reservation
Name of Current Provider(s): Barona Fire Department
Area or Subarea (Zone) Geographic Description: Barona Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt – Barona Band of Mission Indians Although a sovereign nation, the Barona Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on May 18, 1999.
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Borrego Springs
Name of Current Provider(s): Borrego Springs Fire Protection District
Area or Subarea (Zone) Geographic Description: Borrego Springs Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the Borrego Springs Fire Protection District.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - The Borrego Springs Fire Protection District has a history of uninterrupted ambulance transportation service since prior to 1980.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Camp Pendleton
Name of Current Provider(s): Camp Pendleton Fire Department
Area or Subarea (Zone) Geographic Description: Marine Corps Base Camp Pendleton and Naval Weapons Station Fallbrook
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt – Military Installation
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Carlsbad
Name of Current Provider(s): Carlsbad Fire Department
Area or Subarea (Zone) Geographic Description: City of Carlsbad
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Carlsbad. Approved and authorized by the Board of Supervisors on 8/30/77.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 8/30/77.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

Chula Vista

Name of Current Provider(s):

American Medical Response

Area or Subarea (Zone) Geographic Description:

The jurisdictional limits of the Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Chula Vista. Approved and authorized by the Board of Supervisors on 3/8/77.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Emergency Ambulance

9-1-1 Emergency Response, ALS Ambulance

Method to achieve exclusivity, if applicable (HS 1797.224):

Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 3/8/77.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Coronado
Name of Current Provider(s): Coronado Fire Department
Area or Subarea (Zone) Geographic Description: City of Coronado
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Coronado Fire Department.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - The Coronado Fire Department has a history of uninterrupted ambulance transportation service since prior to 1980.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

County Service Area # 17

Name of Current Provider(s):

American Medical Response (January 1, 2014 – December 31, 2021)

Area or Subarea (Zone) Geographic Description:

Cities of Encinitas, Solana Beach, Del Mar, designated areas of Rancho Santa Fe Fire Protection District, and the communities of Del Mar Heights, Del Mar Terrace, and areas of Elfin Forest

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. ALS ambulance agreement with private contractor since 7/25/75.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Emergency Ambulance

9-1-1 Emergency Response, ALS Ambulance

Method to achieve exclusivity, if applicable (HS 1797.224):

Provider is competitively determined.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: County Service Area # 69
Name of Current Provider(s): Santee Fire Department and Lakeside Fire Protection District
Area or Subarea (Zone) Geographic Description: City of Santee, Lakeside Fire Protection District, Pepper Drive area, and the Bostonia area of the San Miguel Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 69. Approved and authorized by the Board of Supervisors on 12/18/74.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 12/18/74.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: El Cajon
Name of Current Provider(s): American Medical Response
Area or Subarea (Zone) Geographic Description: City of El Cajon
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of El Cajon. Approved and authorized by the Board of Supervisors on 3/11/80.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 3/11/80.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

Escondido

Name of Current Provider(s):

Escondido Fire Department

Area or Subarea (Zone) Geographic Description:

City of Escondido and the unincorporated areas of the Rincon Del Diablo Municipal Water District identified as Improvement District E

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Escondido. Approved and authorized by the Board of Supervisors on 8/30/77.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Emergency Ambulance

9-1-1 Emergency Response, ALS Ambulance

Method to achieve exclusivity, if applicable (HS 1797.224):

Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 8/30/77.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

Grossmont Hospital District, Zone 1- Suburban

Name of Current Provider(s):

American Medical Response

Area or Subarea (Zone) Geographic Description:

Cities of La Mesa and Lemon Grove, San Miguel Fire Protection District excluding areas of Bostonia and Crest (pre-2008 district boundary)

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Emergency Ambulance

9-1-1 Emergency Response, ALS Ambulance

Method to achieve exclusivity, if applicable (HS 1797.224):

Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope since 5/15/79.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

Grossmont Hospital District, Zone 2 – Rural and Otay Mesa

Name of Current Provider(s):

Mercy Medical Transportation, Inc. (April 1, 2015 - June 30, 2018)

Area or Subarea (Zone) Geographic Description:

Unincorporated east and southern County areas

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79.

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Emergency Ambulance

9-1-1 Emergency Response, ALS Ambulance

Method to achieve exclusivity, if applicable (HS 1797.224):

Provider is competitively determined. Although the Hospital District has had the exclusive zone since 1979, this portion of the District did not have ALS services until July 1994 and therefore was established through a competitive process.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Julian
Name of Current Provider(s): Julian-Cuyamaca Fire Protection District (April 1, 2014 through June 30, 2018)
Area or Subarea (Zone) Geographic Description: Julian-Cuyamaca Fire Protection District, unincorporated east and central County areas
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusivity granted by contractual agreement between the County of San Diego and the Julian-Cuyamaca Fire Protection District. Approved and authorized by the Board of Supervisors on 11/10/2000.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Provider is competitively determined.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Miramar
Name of Current Provider(s): Miramar Fire Department
Area or Subarea (Zone) Geographic Description: Marine Corps Air Station Miramar
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt – Military Installation
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: National City
Name of Current Provider(s): American Medical Response
Area or Subarea (Zone) Geographic Description: City of National City and Lower Sweetwater Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Non-Exclusive
Method to achieve exclusivity, if applicable (HS 1797.224): Non-Exclusive (LEMSA competitive process planned for FY 2018-2019.)

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Navy Region Southwest
Name of Current Provider(s): Federal Fire Department
Area or Subarea (Zone) Geographic Description: Navy Region Southwest Facilities and Marine Corps Recruit Depot
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt – Military Installations
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: North County
Name of Current Provider(s): North County Fire Protection District
Area or Subarea (Zone) Geographic Description: North County Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the North County Fire Protection District.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - The North County Fire Protection District has a history of uninterrupted ambulance transportation service since prior to 1980.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Oceanside
Name of Current Provider(s): Oceanside Fire Department
Area or Subarea (Zone) Geographic Description: City of Oceanside
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Oceanside. Approved and authorized by the Board of Supervisors on 3/29/77.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to manner and scope of service since 3/29/77.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Ocotillo Wells (formerly known as Desert)
Name of Current Provider(s): Borrego Springs Fire Protection District
Area or Subarea (Zone) Geographic Description: Unincorporated areas of Ocotillo Wells, portions of Anza-Borrego State Park, and surrounding desert communities
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Method to achieve exclusivity, if applicable (HS 1797.224):

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Pala Indian Reservation
Name of Current Provider(s): Pala Fire Department
Area or Subarea (Zone) Geographic Description: Pala Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt – Pala Band of Mission Indians Although a sovereign nation, the Pala Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 2006.
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Poway
Name of Current Provider(s): Poway Fire Department
Area or Subarea (Zone) Geographic Description: City of Poway
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Poway. Approved and authorized by the Board of Supervisors on 12/4/76.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - Area has a history of uninterrupted service with no changes to scope and manner of service since 12/4/76.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Ramona
Name of Current Provider(s): CAL FIRE
Area or Subarea (Zone) Geographic Description: Ramona Municipal Water District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the county of San Diego and the Ramona Municipal Water District. Approved and Authorized by the Board of Supervisors on 10/11/88.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): The RMWD has been providing or contracting for emergency ambulance transportation prior to January 1, 1981, and has an agreement with the County to be integrated into the EMS system, and is therefore eligible for exclusivity without a competitive process since there has been no change in manner and scope.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Rincon Indian Reservation
Name of Current Provider(s): Rincon Fire Department
Area or Subarea (Zone) Geographic Description: Rincon Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt - Rincon Band of Luiseno Indians Although a sovereign nation, the Rincon Band of Luiseno Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on March 30, 2010.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: San Diego
Name of Current Provider(s): Rural/Metro (AMR)
Area or Subarea (Zone) Geographic Description: City of San Diego, except those areas which are encompassed in a County Service Area
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of San Diego. Approved and authorized by the Board of Supervisors on 5/21/91.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - The City of San Diego has a history of providing uninterrupted advanced life support ambulance transportation service through subcontracted providers with no changes in scope and manner of service since prior to 1980. <ul style="list-style-type: none">• 1978 to 1984 City of San Diego (subcontract to Medevac Ambulance)• 1984 to 1993 City of San Diego (subcontract to Hartson Medical Services)• 1993 to 1996 City of San Diego (subcontract to American Medical Services)• 1997 to 2008 City of San Diego (subcontract to San Diego Medical Services)• 2009 to 2011 City of San Diego (subcontract to San Diego Medical Services)• 2011* to present City of San Diego (subcontract to Rural/Metro of San Diego) *In 2011 the Joint Venture with San Diego Fire and Rescue and Rural/Metro dissolved; Rural/Metro bought the City of San Diego's interest in San Diego Medical Services.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: San Marcos
Name of Current Provider(s): San Marcos Fire Department (September 14, 2009 – September 14, 2019)
Area or Subarea (Zone) Geographic Description: City of San Marcos and San Marcos Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of San Marcos. Approved and authorized by the Board of Supervisors on 12/1/87.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Provider is competitively determined. (LEMSA competitive process planned for FY 2018-2019.)

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Sycuan Indian Reservation
Name of Current Provider(s): Sycuan Fire Department
Area or Subarea (Zone) Geographic Description: Sycuan Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt - Sycuan Band of the Kumeyaay Nation Although a sovereign nation, the Sycuan Tribal Council voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 1997.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Valley Center
Name of Current Provider(s): Mercy Medical Transportation, Inc. (July 1, 2015 – June 30, 2019)
Area or Subarea (Zone) Geographic Description: Valley Center Fire Protection District, unincorporated east and northern County areas
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the Valley Center Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/2001.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Provider is competitively determined.

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Viejas Indian Reservation
Name of Current Provider(s): Viejas Fire Department
Area or Subarea (Zone) Geographic Description: Viejas Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exempt - Viejas Band of Kumeyaay Indians Although a sovereign nation, the Viejas Band of Kumeyaay Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on May 18, 1999.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Exempt
Method to achieve exclusivity, if applicable (HS 1797.224): Exempt

Date: FY 17-18

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or Title: Vista
Name of Current Provider(s): Vista Fire Department
Area or Subarea (Zone) Geographic Description: City of Vista and Vista Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Vista. Approved and authorized by the Board of Supervisors on 8/30/77.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Emergency Ambulance 9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224): Grandfathered - Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: ALVARADO HOSPITAL

Telephone Number: (619) 287-3270

Address: 6655 ALVARADO ROAD

SAN DIEGO, CA 92120

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: KAISER SAN DIEGO MEDICAL CENTER

Telephone Number: (858) 266-5000

Address: 9455 CLAIREMONT MESA BLVD

SAN DIEGO, CA 92123

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: KAISER ZION MEDICAL CENTER

Telephone Number: (619) 528-5000

Address: 4647 ZION AVENUE

SAN DIEGO, CA 92120

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: NAVAL MEDICAL CENTER SAN DIEGO

Telephone Number: (619) 532-6400

Address: 34800 BOB WILSON DRIVE

SAN DIEGO, CA 92134

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: PALOMAR MEDICAL CENTER ESCONDIDO

Telephone Number: (760) 281-5000

Address: 2185 CITRACADO PARKWAY

ESCONDIDO, CA 92029

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: PALOMAR MEDICAL CENTER POWAY

Telephone Number: (858) 613-4000

Address: 15615 POMERADO ROAD

POWAY, CA 92064

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: PARADISE VALLEY HOSPITAL

Telephone Number: (619) 470-4321

Address: 2400 EAST FOURTH STREET

NATIONAL CITY, CA 91950

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: RADY CHILDREN'S HOSPITAL SAN DIEGO

Telephone Number: (858) 576-1700

Address: 3020 CHILDREN'S WAY

SAN DIEGO, CA 92123

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pediatric Critical Care Center¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
<u>EDAP²</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<u>PICU³</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SCRIPPS MEMORIAL HOSPITAL – ENCINITAS
Address: 354 SANTA FE DRIVE
ENCINITAS, CA 92024

Telephone Number: (760) 633-6501

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: San Diego **Reporting Year:** FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SCRIPPS MEMORIAL HOSPITAL – LA JOLLA

Telephone Number: (858) 626-4123

Address: 9888 GENESEE AVE.

LA JOLLA, CA 92037

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SCRIPPS MERCY HOSPITAL – CHULA VISTA
Address: 435 H STREET
CHULA VISTA, CA 91910

Telephone Number: (619) 691-7000

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SCRIPPS MERCY HOSPITAL

Telephone Number: (619) 294-8111

Address: 4077 FIFTH AVENUE

SAN DIEGO, CA 92103

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SHARP CHULA VISTA MEDICAL CENTER
Address: 751 MEDICAL CENTER COURT
CHULA VISTA, CA 91911

Telephone Number: (619) 502-5800

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SHARP CORONADO HOSPITAL Telephone Number: (619) 522-3600
 Address: 250 PROSPECT PLACE
CORONADO, CA 92118

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SHARP GROSSMONT HOSPITAL

Telephone Number: (619) 740-6000

Address: 5555 GROSSMONT CENTER DRIVE

LA MESA, CA 91942

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: SHARP MEMORIAL HOSPITAL

Telephone Number: (858) 939-3400

Address: 7901 FROST STREET

SAN DIEGO, CA 92123

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: TRI-CITY MEDICAL CENTER

Telephone Number: (760) 724-8411

Address: 4002 VISTA WAY

OCEANSIDE, CA 92056

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: UCSD MEDICAL CENTER

Telephone Number: (619) 543-6222

Address: 200 WEST ARBOR DR.

SAN DIEGO, CA 92103

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: UCSD THORNTON HOSPITAL Telephone Number: (858) 657-7000
 Address: 9300 CAMPUS POINT DRIVE
LA JOLLA, CA 92037

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: U.S. NAVAL HOSPITAL - CAMP PENDLETON

Telephone Number: (760) 725-1288

Address: 200 MERCY CIRCLE

CAMP PENDLETON, CA 92058

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2017-2018

Note: Complete information for each facility by county. Make copies as needed.

Facility: VETERANS AFFAIRS SAN DIEGO HEALTHCARE SYSTEM

Telephone Number: (858) 552-8585

Address: 3350 LA JOLLA VILLAGE DRIVE
SAN DIEGO, CA 92161

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2017-2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>EMSTA College</u>		Telephone Number:	<u>619-593-6782</u>
Address:		<u>11489 Woodside Avenue</u>			
		<u>Santee, CA 92071</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:				
	Basic:	<u>1200</u>	Number of students completing training per year:		
	Refresher:	<u>150</u>	Initial training:	<u>377</u>	
			Refresher:	<u>211</u>	
			Continuing Education:	<u>120</u>	
			Expiration Date:	<u>5/31/19</u>	
			Number of courses:		
			Initial training:	<u>15</u>	
			Refresher:	<u>6</u>	
			Continuing Education:	<u>6</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>EMSTA College</u>		Telephone Number:	<u>619-593-6782</u>
Address:		<u>11489 Woodside Avenue</u>			
		<u>Santee, CA 92071</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-P</u>		
	Cost of Program:				
	Basic:	<u>12000</u>	Number of students completing training per year:		
	Refresher:	<u>N/A</u>	Initial training:	<u>39</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u>0</u>	
			Expiration Date:	<u>11/30/19</u>	
			Number of courses:		
			Initial training:	<u>2</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u>4</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2017-2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Grossmont Health Occupations</u>		Telephone Number:	<u>619-956-4300</u>
Address:		<u>9368 Oakbourne Rd</u>			
		<u>Santee, CA 92071</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:				
	Basic: <u>375</u>	Number of students completing training per year:			
	Refresher: <u>100</u>	Initial training:	<u>56</u>		
		Refresher:	<u>13</u>		
		Continuing Education:	<u>0</u>		
		Expiration Date:	<u>5/31/19</u>		
		Number of courses:			
		Initial training:	<u>4</u>		
		Refresher:	<u>2</u>		
		Continuing Education:	<u>0</u>		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Healthcare Academy of California</u>		Telephone Number:	<u>760-232-4050</u>
Address:		<u>2420 Vista Way #215</u>			
		<u>Oceanside, CA 92054</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:				
	Basic: <u>1200</u>	Number of students completing training per year:			
	Refresher: <u>220</u>	Initial training:	<u>112</u>		
		Refresher:	<u>0</u>		
		Continuing Education:	<u>0</u>		
		Expiration Date:	<u>6/30/20</u>		
		Number of courses:			
		Initial training:	<u>7</u>		
		Refresher:	<u>0</u>		
		Continuing Education:	<u>0</u>		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2017-2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Miramar Community College</u>		Telephone Number:	<u>619-388-7968</u>
Address:		<u>10440 Black Mountain Road</u>			
		<u>San Diego, CA 92126</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:				
	Basic: <u>345</u>	Number of students completing training per year:			
	Refresher: <u>146</u>	Initial training:		<u>720</u>	
		Refresher:		<u>70</u>	
		Continuing Education:		<u>300</u>	
		Expiration Date:		<u>5/31/19</u>	
		Number of courses:			
		Initial training:		<u>24</u>	
		Refresher:		<u>2</u>	
		Continuing Education:		<u>30</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>National University Polytechnic Institute</u>		Telephone Number:	<u>858-309-3514</u>
Address:		<u>3570 Aero Court</u>			
		<u>San Diego, CA 92123</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:				
	Basic: <u>1467</u>	Number of students completing training per year:			
	Refresher: <u>200</u>	Initial training:		<u>198</u>	
		Refresher:		<u>17</u>	
		Continuing Education:		<u>0</u>	
		Expiration Date:		<u>5/31/19</u>	
		Number of courses:			
		Initial training:		<u>16</u>	
		Refresher:		<u>4</u>	
		Continuing Education:		<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2017-2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Palomar Community College</u>		Telephone Number:	<u>760-744-1150</u>
Address:		<u>1951 East Valley Parkway</u>			
		<u>Escondido, CA 92027</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:				
	Basic: <u>600</u>	Number of students completing training per year:			
	Refresher: <u>189</u>	Initial training:		<u>426</u>	
		Refresher:		<u>16</u>	
		Continuing Education:		<u>0</u>	
		Expiration Date:		<u>5/31/19</u>	
		Number of courses:			
		Initial training:		<u>14</u>	
		Refresher:		<u>1</u>	
		Continuing Education:		<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Palomar Community College</u>		Telephone Number:	<u>760-744-1150</u>
Address:		<u>1951 Easy Valley Parkway</u>			
		<u>Escondido, CA 92027</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-P</u>		
	Cost of Program:				
	Basic: <u>4921</u>	Number of students completing training per year:			
	Refresher: <u>N/A</u>	Initial training:		<u>66</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	
		Expiration Date:		<u>5/31/19</u>	
		Number of courses:			
		Initial training:		<u>14</u>	
		Refresher:		<u>1</u>	
		Continuing Education:		<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2017-2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>San Diego Fire-Rescue</u>		Telephone Number:	<u>619-992-7379</u>
Address:		<u>2580 Kincaid Rd. Bldg 480</u>			
		<u>San Diego, CA 92101</u>			
Student Eligibility*:	<u>Employees Only</u>	**Program Level	<u>EMT-P</u>		
	Cost of Program:		Number of students completing training per year:		
	Basic: <u>0</u>		Initial training: <u>18</u>		
	Refresher: <u>N/A</u>		Refresher: <u>0</u>		
			Continuing Education: <u>0</u>		
			Expiration Date: <u>2/28/21</u>		
			Number of courses:		
			Initial training: <u>1</u>		
			Refresher: <u>0</u>		
			Continuing Education: <u>0</u>		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Southwestern Community College</u>		Telephone Number:	<u>619-216-6760</u>
Address:		<u>8100 Gigantic St.</u>			
		<u>San Diego, CA 92154</u>			
Student Eligibility*:	<u>Open to general public</u>	**Program Level	<u>EMT-1</u>		
	Cost of Program:		Number of students completing training per year:		
	Basic: <u>392</u>		Initial training: <u>95</u>		
	Refresher: <u>125</u>		Refresher: <u>56</u>		
			Continuing Education: <u>0</u>		
			Expiration Date: <u>5/31/19</u>		
			Number of courses:		
			Initial training: <u>7</u>		
			Refresher: <u>2</u>		
			Continuing Education: <u>0</u>		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2017-2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Southwestern Community College</u>		Telephone Number: <u>619-216-6760</u>
Address: <u>8100 Gigantic St.</u>		
<u>San Diego, CA 92154</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-P</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>2000</u>	Initial training:	<u>20</u>
Refresher: <u>425</u>	Refresher:	<u>20</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>10/31/22</u>
	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: _____		Telephone Number: _____
Address: _____		

Student Eligibility*: _____	**Program Level _____	
Cost of Program:	Number of students completing training per year:	
Basic: _____	Initial training:	_____
Refresher: _____	Refresher:	_____
	Continuing Education:	_____
	Expiration Date:	_____
	Number of courses:	
	Initial training:	_____
	Refresher:	_____
	Continuing Education:	_____

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: DISPATCH AGENCYCounty: SAN DIEGOReporting Year: FY 2017-2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: ADVANTAGE AMBULANCE INC Primary Contact: _____
Address: 2400 E. 4TH ST
NATIONAL CITY, CA 91950-3941
Telephone Number: 866-962-3826

Written Contract: Medical Director: ☒ Day-to-Day Number of Personnel Providing Services:
☐ Yes ☒ No ☐ Yes ☒ No ☐ Disaster 2 EMD Training EMT-D ALS
3 BLS LALS Other

Ownership: If Public: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal
☐ Public ☒ Private ☐ Fire
☐ Law
☐ Other
Explain: _____

Name: AIRCARE INTERNATIONAL GROUND TRANSPORT Primary Contact: GREG SOTTEK
Address: 2105 CAMINO VIDA ROBLE, SUITE E
CARLSBAD, CA 92011
Telephone Number: 760-579-0240

Written Contract: Medical Director: ☒ Day-to-Day Number of Personnel Providing Services:
☐ Yes ☒ No ☐ Yes ☒ No ☐ Disaster 3 EMD Training EMT-D ALS
 BLS LALS 2 Other

Ownership: If Public: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal
☐ Public ☒ Private ☐ Fire
☐ Law
☐ Other
Explain: _____

TABLE 11: DISPATCH AGENCYCounty: SAN DIEGOReporting Year: FY 2017-2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: AMERICAN MEDICAL RESPONSE Primary Contact: MIKE RICE
Address: 8808 BALBOA AVE, #150
SAN DIEGO, CA 92123
Telephone Number: 858-492-8111

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
31 EMD Training EMT-D ALS
3 BLS LALS 15 Other

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other
Explain: _____

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: BALBOA AMBULANCE INC Primary Contact: CARLA POWELL
Address: 6340 RIVERDALE
SAN DIEGO, CA 92120
Telephone Number: 619-295-1942

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
Number of Personnel Providing Services:
 EMD Training EMT-D ALS
2 BLS LALS 7 Other

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other
Explain: _____

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2017-2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: CAL FIRE/MONTE VISTA ECC Primary Contact: AUSTIN BROWNE
 Address: 2249 JAMACHA ROAD
EL CAJON, CA 92019
 Telephone Number: 619-590-3109

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
 Number of Personnel Providing Services:
19 EMD Training EMT-D 2 ALS
11 BLS LALS Other

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☐ Law ☐ Other
 Explain: _____

If Public: ☐ City ☐ County ☒ State ☐ Fire District ☐ Federal

Name: CARE MEDICAL TRANSPORT Primary Contact: DANIEL GRAHAM
 Address: 9770 CANDIDA ST.
SAN DIEGO, CA 92126
 Telephone Number: 858-653-4500

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
 Number of Personnel Providing Services:
1 EMD Training EMT-D ALS
1 BLS LALS 6 Other

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other
 Explain: _____

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2017-2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: ESCONDIDO POLICE DEPARTMENT Primary Contact: MARTHA ELLIS
 Address: 700 WEST GRAND AVE
ESCONDIDO, CA 92092
 Telephone Number: 760-839-4622

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
 Number of Personnel Providing Services:
21 EMD Training EMT-D ALS
 BLS LALS Other

Ownership: ☒ Public ☐ Private If Public: ☐ Fire ☒ Law ☐ Other
 Explain:

If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: EXPRESS TRANSPORT AMBULANCE Primary Contact: THAMER T DAOUD
 Address: 4400 PALM AVE, SUITE C
LA MESA, CA 91941
 Telephone Number: 619-589-0022

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
 Number of Personnel Providing Services:
1 EMD Training EMT-D ALS
2 BLS LALS 4 Other

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other
 Explain:

If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2017-2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: <u>HEARTLAND DISPATCH JPA</u>		Primary Contact: <u>CARLOS CASTILLO</u>	
Address: <u>100 EAST LEXINGTON</u>			
<u>EL CAJON, CA 92092</u>			
Telephone Number: <u>619-441-1621</u>			

Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>14</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
				<u> </u> ALS
				<u> </u> Other

Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law	
	<input checked="" type="checkbox"/> Other	
	Explain: <u>City/Fire District JPA</u>	

Name: <u>MAXCARE AMBULANCE</u>		Primary Contact: <u>MAX LAUFER</u>	
Address: <u>7614 LEMON AVE</u>			
<u>LEMON GROVE, CA 91945</u>			
Telephone Number: <u>619-303-6705</u>			

Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D
			<u>2</u> BLS	<u> </u> LALS
				<u>1</u> ALS
				<u> </u> Other

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law	
	<input type="checkbox"/> Other	
	Explain: <u> </u>	

TABLE 11: DISPATCH AGENCYCounty: SAN DIEGOReporting Year: FY 2017-2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>NORTH COUNTY DISPATCH JPA</u>	Primary Contact: <u>LESLI WILSON</u>
Address:	<u>PO BOX 410</u>	
	<u>RANCHO SANTA FE, CA 92067</u>	
Telephone Number:	<u>858-756-1126</u>	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day
	<input type="checkbox"/> Disaster	<u>17</u> EMD Training <u> </u> EMT-D <u> </u> ALS
		<u>1</u> BLS <u> </u> LALS <u> </u> Other
Ownership:	If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law	
	<input checked="" type="checkbox"/> Other	
	Explain: <u>City/Fire</u>	
	<u>District JPA</u>	

Name:	<u>RURAL METRO AMBULANCE</u>	Primary Contact: <u>MIKE RICE</u>
Address:	<u>10405 SAN DIEGO MISSION RD. STE 200</u>	
	<u>SAN DIEGO, CA 92108</u>	
Telephone Number:	<u>(858) 518-2398</u>	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day
	<input type="checkbox"/> Disaster	<u>10</u> EMD Training <u> </u> EMT-D <u> </u> ALS
		<u>2</u> BLS <u> </u> LALS <u> </u> Other
Ownership:	If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law	
	<input type="checkbox"/> Other	
	Explain: <u> </u>	

TABLE 11: DISPATCH AGENCYCounty: SAN DIEGOReporting Year: FY 2017-2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: SAN DIEGO FIRE AND RESCUE Primary Contact: ROGER FISHER
Address: 3750 KEARNY VILLA RD
SAN DIEGO, CA 92123
Telephone Number: 858-573-1301

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
Number of Personnel Providing Services:
34 EMD Training EMT-D ALS
 BLS LALS Other

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☐ Law ☐ Other
If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal
Explain: _____

Name: SCHAEFER AMBULANCE SERVICE Primary Contact: RICK LARSON
Address: 7257 UNIVERSITY AVE
LA MESA, CA 91941
Telephone Number: 619-583-0454

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
Number of Personnel Providing Services:
 EMD Training EMT-D ALS
3 BLS LALS Other

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other
If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal
Explain: _____

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2017-2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>SYMONS AMBULANCE</u>		Primary Contact: <u>JEFF GRANGE</u>
Address:	<u>18592 CAJON BLVD</u>		
	<u>SAN BERNARDINO, CA 92407</u>		
Telephone Number:	<u>909-880-2979</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>5</u> EMD Training <u> </u> EMT-D <u> </u> ALS
			<u> </u> BLS <u> </u> LALS <u> </u> Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: <u> </u>	

Name:	<u>UNITED AMBULANCE</u>		Primary Contact: <u>JOHN GOODWIN</u>
Address:	<u>7579 CONVOY COURT</u>		
	<u>SAN DIEGO, CA 92111</u>		
Telephone Number:	<u>858-277-0300</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training <u> </u> EMT-D <u>4</u> ALS
			<u>4</u> BLS <u> </u> LALS <u>11</u> Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: <u> </u>	